

No. 60-1

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Donald C. Morris

Name of deceased Maria Ceccolini Carloni

Age 70 years 9 months 10 days

Place of death Newton St., Southboro

Date of death 1-5-60

Cause of death Cerebral Thrombosis

Interment at Rural Cemetery

Date permit issued 1-6-60

Certified by Raymond Cannon M. D.

No. 60-1

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased Maria C. Carloni

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on Jan 8 1960

Certified by Donald J. Wenz
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-2**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Edw J Gaffey & Sons
MedfordName of deceased John Martin CroweAge 66 years 8 months 2 daysPlace of death Flagg RdDate of death 1/11/60Cause of death Sudden Death Presumably
Coronary ThrombosisInterment at Sr Augustine Andover.Date permit issued 1/16/60Certified by Walter J Mahoney Med
Exam M. D.

No. 60-2**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Bd of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased John Joseph (Martin) Crowe

If a U. S. War Veteran, specify what war, organization, etc.

US Navy Dec '17 - Jun '19 - Rank "E"**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsat St. Augustine's, Andover, Mass.
(Name of cemetery or crematory) (City or town)on January 14, 1960.Certified by Harry B. Smith
(Signature of Superintendent, cemetery or crematory) **PASOR**

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-3**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Rob't K. Wadsworth - FraminghamName of deceased Charles Royal WoodsAge 81 years 7 months 19 daysPlace of death School StDate of death 1-15-60Cause of death Cerebral ThrombosisInterment at Newton CemeteryDate permit issued 1-18-60Certified by J. P. Stone M. D.

No. 60-3

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased Charles R. Woods

If a U. S. War Veteran, specify what war, organization, etc.

Cremated **ENDO**
(To be filled in by _____)

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at NEWTON CEMETERY & CREMATORY
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-4**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Robt K. WadsworthName of deceased Frederick E. PorterAge 21 years 10 months 22 daysPlace of death Oak Hill RdDate of death 2-12-'60Cause of death General ArteriosclerosisInterment at New Pine Grove - Waterbury, Conn.Date permit issued 2-14-60Certified by RA Johnson

M. D.

No. 60-5**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to John J. Brown, MarlboroName of deceased Vincent B. DunnAge 61 years 1 months 14 daysPlace of death Marlboro Rd.Date of death 2-25-60Cause of death Duodenal Ulcer, perforatedInterment at Rural - SouthboroDate permit issued 2-28-60Certified by J. J. Brown, M. D.

No. 60.5**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Box 97, Southboro Mass.Name of deceased Vincent B. Dunn

If a U. S. War Veteran, specify what war, organization, etc.

US Army - WW I - 10/14/18 - ?**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.
(Name of cemetery or crematory) (City or town)on Feb 28 1960Certified by Paul Peters
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH

No. 60-1

Division of
Vital Statistics

COPY OF OFFICIAL REMOVAL PERMIT

(Prepared in accordance with Chapter 114, Section 46, General Laws, as amended.)

Whenever a dead body is brought into the commonwealth for burial, accompanied by a removal permit issued under the laws of the state from which the body is brought, such permit shall be received as sufficient authority for burial, and the superintendent or person or persons in charge of the cemetery where the burial is to take place shall make proper endorsements on said removal permit and send it forthwith to the local board of health in the city or town where said cemetery is located. The board of health shall make and retain a copy of said removal permit and return the original to the city or town issuing the same.

BOARD OF HEALTH, Southboro
(city or town)March 5 1960
(date)

A removal permit, properly endorsed, has been received for the removal from Glendale, Ariz
(city or town) (state) and the interment at Rural
cemetery in Southboro of the body of Ernesto Pietro Walla
(full name of deceased)

who died February 16 1960 Age 74 years 11 months 19 days.
(month, day and year)

Cause of death (if known) not stated = allegedly, Intestic carcinomaResidence at time of death Glendale, Arizona

(Copy below all other information contained on original removal permit including number, date and place of issue, name of person signing it and name of cemetery superintendent or person endorsing same.)

34 - dated 2/18/60 by Margaret Carrier, Deputy 24 N 1st Ave
Glendale, Ariz
Endorsed by Harold Stivers, Southboro, Mass
Timothy P. Stone, Agent Bd. of Health
(Copy prepared by) (Title)

PREPARE IN TRIPLICATE

Retain buff copy for Board of Health record; send pink copy to Superintendent of cemetery where body is buried; send green copy to your City or Town Clerk. RETURN original removal permit to city or town of origin.

No. 60-6**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Lawrence Volpe Jr.,
Frank.Name of deceased Charles RenziAge 48 years _____ months _____ daysPlace of death Southville - while fishingDate of death 5/5/60Cause of death Sudden - presumably
Coronary ThrombosisInterment at Rural - SouthboroDate permit issued 5/6/60
as medCertified by Mahoney - examiner. M. D.

No. 60-6**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Bd of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Charles Renzi

If a U. S. War Veteran, specify what war, organization, etc.

WW II - Army - Tec 5 - 31-090-370**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass
(Name of cemetery or crematory) (City or town)on May 9 1960Certified by Harold Stivers
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

The Commonwealth of Massachusetts



JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH

No. 60-2

Division of
Vital Statistics

COPY OF OFFICIAL REMOVAL PERMIT

(Prepared in accordance with Chapter 114, Section 46, General Laws, as amended.)

Whenever a dead body is brought into the commonwealth for burial, accompanied by a removal permit issued under the laws of the state from which the body is brought, such permit shall be received as sufficient authority for burial, and the superintendent or person or persons in charge of the cemetery where the burial is to take place shall make proper endorsements on said removal permit and send it forthwith to the local board of health in the city or town where said cemetery is located. The board of health shall make and retain a copy of said removal permit and return the original to the city or town issuing the same.

BOARD OF HEALTH, SOUTHBORO
(city or town)5-18 1960
(date)

A removal permit, properly endorsed, has been received for the removal from
Allandale, Florida and the interment at Rural
(city or town) (state)
cemetery in Southboro of the body of Arthur F. Brewer
(full name of deceased)

who died May 11 1960 Age 82 years months days.
(month, day and year)

Cause of death (if known)

Residence at time of death Allandale, Florida

(Copy below all other information contained on original removal permit including number, date and place of issue, name of person signing it and name of cemetery superintendent or person endorsing same.)

Permit No. 414, dated 5/12/60 issued to H.A. Quarterman (license)
Buried 5/14/60 per Harold Shivers

Timothy P. Stone Regt. Bd. of Health
(Copy prepared by) (Title)

PREPARE IN TRIPLICATE

Retain buff copy for Board of Health record; send pink copy to Superintendent of cemetery where body is buried; send green copy to your City or Town Clerk. RETURN original removal permit to city or town of origin.

The Commonwealth of Massachusetts



JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH

No. 60-3

Division of
Vital Statistics

COPY OF OFFICIAL REMOVAL PERMIT

(Prepared in accordance with Chapter 114, Section 46, General Laws, as amended.)

Whenever a dead body is brought into the commonwealth for burial, accompanied by a removal permit issued under the laws of the state from which the body is brought, such permit shall be received as sufficient authority for burial, and the superintendent or person or persons in charge of the cemetery where the burial is to take place shall make proper endorsements on said removal permit and send it forthwith to the local board of health in the city or town where said cemetery is located. The board of health shall make and retain a copy of said removal permit and return the original to the city or town issuing the same.

BOARD OF HEALTH,

SOUTHBORO

(city or town)

June 1 1960

(date)

A removal permit, properly endorsed, has been received for the removal from

Bellerose Illinois

(city or town)

(state)

and the interment at

Riverside

cemetery in

Southboro

of the body of

ASHES Alice Mae Stocomb

(full name of deceased)

who died

12-28-58

1959

Age 97

years

months

days

(month, day and year)

Cause of death (if known)

Cerebral Thrombosis

Residence at time of death

Bellerose, Illinois

(Copy below all other information contained on original removal permit including number, date and place of issue, name of person signing it and name of cemetery superintendent or person endorsing same.)

Ashes - Permit # 855 - issued 12/30/59 to KURRUS FUN. HOME of E. St. Louis, Mo.

Timothy R. Stone

Agent, Bellerose, Illinois

(Copy prepared by)

(Title)

PREPARE IN TRIPPLICATE

Retain buff copy for Board of Health record; send pink copy to Superintendent of cemetery where body is buried; send green copy to your City or Town Clerk. RETURN original removal permit to city or town of origin.

No. 60-7**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Wm TigheName of deceased Joseph J. TrioliAge 62 years _____ months _____ daysPlace of death TurnpikeDate of death 6-11-60Cause of death Suddenly: presum. Coron. Thromb.Interment at Rural.Date permit issued 6/13-60Certified by Mahoney - as M.E. M. D.

No. 60-7

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Bd of Health
(Office issuing permit)

(Office issuing permit)

City or Town of PO Box 97, Southboro Mass.

Name of deceased J. J. Trioli

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southboro Mass.
at.....
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on June 14, 1960

Certified by Harold J. Rivers
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-8**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Irving HarperName of deceased Ruth M. McKieAge 66 years 11 months 22 daysPlace of death CordavilleDate of death 7-14-60Cause of death Sudden Death, presumably
Coronary ThrombosisInterment at SouthboroDate permit issued 7-15-60Certified by Walter Mahoney as med
examiner M. D.

No. 60-8

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of PO Box 97, Southboro Mass.Name of deceased Ruth M. McKieIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.
(Name of cemetery or crematory) (City or town)on July 18, 1960Certified by Harold Stivers
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-9**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased James P. Binner

If a U. S. War Veteran, specify what war, organization, etc.

No.**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY CREMATORY, WORCESTER, MASS.
(Name of cemetery or crematory) (City or town)on September 2, 1960Certified by Ernest Hansen
(Signature of Superintendent, cemetery or crematory)
E.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Alex. De Vito

Name of deceased

Mary C. Fidele Pariselli

Age

64

years

months

days

Place of death

Silvane Rd.

Date of death

9/6/60

Cause of death

*Sudden Death, presumably
(Coronary Sclerosis).*

Interment at

Cambridge Cemy, Cambridge

Date permit issued

*9/6/60**as med examiner*

Certified by

Walter Mahoney

M. D.

No. 60-X

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97 Southboro. Mass.

Name of deceased Mary C. Fedele Pariselli

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Cambridge Cemetery, Cambridge
(Name of cemetery or crematory)

(Name of cemetery or crematory)

on Sept. 9, 1960

Certified by Balch N. Hamilton, Supt.
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-11**BURIAL (OR REMOVAL) PERMIT***Slab to be retained by officer issuing permit*Issued to Donald MorrisName of deceased James T. DonlanAge 66 years 11 months 23 daysPlace of death 5 Cottage StDate of death 10-1-60Cause of death Carcinoma, r. lungInterment at Rural Cem., SouthboroDate permit issued 10-3-60Certified by Jos. Annunziata M. D.

No. 60-11**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of PO Box 97, Southboro Mass.Name of deceased James T. DonlanIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.
(Name of cemetery or crematory) (City or town)on Oct 4 1960Certified by Norah Stives
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-12**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Louis ZocchiAge 75 years 0 months 6 daysPlace of death Central StDate of death 12/11/60Cause of death Sudden Death, presumed
Coronary ThrombosisInterment at RuralDate permit issued 12/12/60Certified by Walter Mahoney (med exam.) M. D.

No. 60-12**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Louis ZocchiIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.
(Name of cemetery or crematory) (City or town)on Dec 14, 1960Certified by Harold Stevens
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-13**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Geo Sessions Sons Co WorcesterName of deceased Dwight E. PriestAge 58 years 1 months 2 daysPlace of death Lovers LaneDate of death Dec 11, 1960Cause of death Carcinoma, PancreasInterment at Rural - SouthboroDate permit issued 12-13-60Certified by J. P. Stone M. D.

No. 60-13**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent Bd of Health
(Office issuing permit) P. O. BoxCity or Town of Southboro No 97 Mass.Name of deceased Dwight E. PriestIf a U. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.
(Name of cemetery or crematory) (City or town)on Dec 14, 1960Certified by Harold L. Lewis
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 60-14**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to John W. Sullivan MarlboroName of deceased Augusta B. RouxAge 41 years months daysPlace of death Southville Rd., CordavilleDate of death 12/14/60Cause of death Sudden Death, presumably Cor. Thromb.Interment at Rural - SouthboroDate permit issued 12-16-60Certified by W. F. Mahoney med examiner M. D.

No. 60-14**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Bd of Health
(Office issuing permit)City or Town of PO Box 97 Southboro Mass.Name of deceased Augusta B. RouxIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsat Rural Cemetery Southboro Mass.
(Name of cemetery or crematory)on Dec 17, 1960Certified by Harold Steiner
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-1**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald MorrisName of deceased John FinnAge 65 years 5 months 15 daysPlace of death Turnpike, cor Flag Rd.Date of death 8 Jan '61Cause of death Sudden Death, presumably
Coronary ThrombosisInterment at Rural Cem., SouthboroDate permit issued 8 Jan '61Certified by Walter Mahoney medical
examiner M. D.

No. 61-1

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased John J. Finn.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms.

at Rural Cemetery Southboro Mass
(Name of cemetery or crematory)

(Name of cemetery or crematory)

on Jan 11 1961

Certified by _____
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-2**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Rebecca Jean (MacDonald) GoffAge 80 years 1 months 17 daysPlace of death Oregon Rd.Date of death 1 / 11 / 61Cause of death Cerebral Hemorrhage.Interment at Rural, SouthboroDate permit issued 1 / 13 / 61Certified by Wilfred J. Cochrane. M. D.

No. 61-2**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 97 Southboro Mass.Name of deceased Rebecca J. GoffIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.
(Name of cemetery or crematory)on Jan 14 1961Certified by Harold L. Jones
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-3**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Cordelia Denise JackmanAge 77 years 11 months 29 daysPlace of death Cake Hill RdDate of death January 30, 1961Cause of death Sudden Death, presumably
Coronary ThrombosisInterment at Rural - S.boroDate permit issued Feb 1, 1961Certified by Walter F. Mahoney M. D.

No. 61-3**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Cordelia Denise JackmanIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass
(Name of cemetery or crematory)on Feb 5 1961Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-4**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to John W. Sullivan - MarlboroName of deceased Robert V. AngerAge 36 years months daysPlace of death Rte 30Date of death 2-15-61Cause of death hacc rib, punct. lung, hemorrhageInterment at Sr. Mary's Cem - MarlboroDate permit issued 2-17-61Certified by Walter Mahoney ^{med} examiner M. D.

No. 61-4**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Robert V. Anger

If a U. S. War Veteran, specify what war, organization, etc.

Co B, 103 Infantry - # 31262896**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Mary's Cemetery, Marlboro
(Name of cemetery or crematory)on February 18, 1961Certified by Rev. A. R. Julien
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-5**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Charles F. McNeilAge 65 years 8 months 26 daysPlace of death Southville Rd., SouthvilleDate of death Feb 22, 1961Cause of death Sudden Death, presum. Cor. ThrombosisInterment at St Lukes Cem., WestboroDate permit issued Feb 25, 1961Certified by Walter Mahoney ^{as med} Exam. Exam. M. D.

No. 61-5**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Charles F. McNeilIf a U. S. War Veteran, specify what war, organization, etc.
_____**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St Luke's Cemetery Westboro
(Name of cemetery or crematory)on Feb 27, 1961Certified by Raymond S. Burke
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-6**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Thomas H. Bagley JrAge 68 years 7 months 28 daysPlace of death Walker StDate of death 4 / 6 / 61Cause of death Coronary ThrombosisInterment at Rural - SouthboroDate permit issued 4 / 7 / 61Certified by J. B. Stone M. D.

No. 61-6**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Thomas H. Bagley Jr.If a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass
(Name of cemetery or crematory)on April 8 1961Certified by Harold Stuenkel
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

61-7

BURIAL (OR REMOVAL) PERMIT*Slab to be retained by officer issuing permit*

Issued to

Donald C. Morris

Name of deceased

Mary E. McEvoy

Age

63

years

—

months

2

days

Place of death

Middle Rd.

Date of death

4 - 17 - 61

Cause of death

Sudden Death, presumably Coron. Thromb.

Interment at

Rural - 8-boro

Date permit issued

4 - 17 - 61

Certified by

Walt J. Mahoney - as med exam

M. D.

No. 61-7**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent Board of Health
(Office issuing permit)City or Town of P.O. Box 97 Southboro Mass.Name of deceased Mary E. McEvoyIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass
(Name of cemetery or crematory)on April 19 1961Certified by Harold Stinson
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

61-8

BURIAL (OR REMOVAL) PERMIT*Slab to be retained by officer issuing permit*

Issued to

Donald C. Morris

Name of deceased

Thomas Peter Thompson

Age

85

years

2

months

22

days

Place of death

E. Main St., Southboro

Date of death

4 - 26 - 61

Cause of death

Arteriosclerotic Heart Disease

Interment at

Rural - Southboro

Date permit issued

4 - 26 - 61

Certified by

J. P. Stone

M. D.

No. 61-8**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of SOUTHBORO Mass.Name of deceased Thomas P. ThompsonIf a U. S. War Veteran, specify what war, organization, etc.

_____**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.
(Name of cemetery or crematory)on April 28 1961Certified by Kenneth Stearns
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-9**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Richard P. Coldwell, MarlboroName of deceased Charles Sanborn NicholsAge 74 years 7 months 27 daysPlace of death Central St., JayvilleDate of death 5-10-61Cause of death Pulmonary FibrosisInterment at Rural - SouthboroDate permit issued 5-12-61Certified by Philip S. Butler M. D.
Worcester.

No. **61-9**

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

City or Town of P.O. Box 97 Southboro Mass.

Name of deceased Charles S. Nichols

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms.

at Rural Cemetery Southboro Mass.
(Name of cemetery or crematory)

on May 13 1961

Certified by Harold H. Jones
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-10**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Malcolm A. MacNeillAge 76 years 4 months 11 daysPlace of death Latisquame RdDate of death 5-12-61Cause of death Coronary ThrombosisInterment at Rural - SouthboroDate permit issued 5-14-61Certified by Timothy P. Stone M. D.

No. 61-10

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased Malcolm A. MacNeill

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms.

Rural Cemetery Southboro Mass.
at
(Name of cemetery or crematory)

(Name of cemetery or crematory)

on May 15 1961

Certified by James J. Sullivan
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-11**BURIAL (OR REMOVAL) PERMIT***Slab to be retained by officer issuing permit*Issued to Engine S. McCarthyName of deceased Donald A. KratzerAge 40 years 10 months — daysPlace of death Red Gate Lane, SouthboroDate of death 5/14/61Cause of death Sudden Death, presumably Coronary Thromb.Interment at Rural - SouthboroDate permit issued 5/16/61Certified by Walter F. Mahoney ^{med} Examiner M. D.

No. 61-11**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Donald Arthur Kratzer

If a U. S. War Veteran, specify what war, organization, etc.

Capt., 6th Amd Div, WWII**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.
(Name of cemetery or crematory)on May 17 1961Certified by _____
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-12**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Irving W. Harper, WestboroName of deceased Herbert E. BanfillAge 79 years 10 months 12 daysPlace of death Middle Rd., SouthboroDate of death June 4, 1961Cause of death Cerebral Hemorrhage.Interment at Rural Cem., SouthboroDate permit issued June 5, 1961Certified by Timothy P. Stone, M. D.

No. 61-12**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Herbert E. Banfill.If a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.
(Name of cemetery or crematory)on June 6 1961Certified by _____
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-13

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Eastman Funl Serv. Inc.

Name of deceased Ruth W. Harrington

Age 60 years 2 months 26 days

Place of death Main St., S'boro

Date of death 6-24-61

Cause of death Sudden Death, presum. M.I.

Interment at Rural

Date permit issued 6/26/61

Certified by Mahoney - med Exam M. D.

No. 61-13**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit) P.O. Box 97City or Town of Southboro Mass.Name of deceased Ruth W. HarringtonIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.
(Name of cemetery or crematory)on June 27, 1961Certified by Harold Stevens
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-14**BURIAL (OR REMOVAL) PERMIT***Slab to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Ignazio James MinucciAge 80 years 2 months 8 daysPlace of death Grove St., SouthboroDate of death 6/29/61Cause of death Cerebral ThrombosisInterment at Rural - SouthboroDate permit issued 7/2/61Certified by Domenic P. Fiorentino M. D.

No. 61-14**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Ignazio James MinnucciIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass
(Name of cemetery or crematory)on July 3 1961Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

61-15

BURIAL (OR REMOVAL) PERMIT*Slab to be retained by officer issuing permit*

Issued to

Donald C. Morris

Name of deceased

Emily M. Currie

Age

85

years

7

months

11

days

Place of death

Southboro-Woodland Rd

Date of death

October 3, 1961

Cause of death

Coronary Thrombosis

Interment at

Rural Cemetery, Southboro

Date permit issued

October 6, 1961

Certified by

Walter Mahoney

M. D.

No. 61-15**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent Board of Health
(Office issuing permit)City or Town of Belmont South Mass.Name of deceased Emily M. CurrieIf a U. S. War Veteran, specify what war, organization, etc.
None**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery South
(Name of cemetery or crematory)on Oct 2, 1961Certified by Harold Stearns
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 61-16**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to John A. KennedyName of deceased Everett Arthur TrumpettAge 63 years 5 months 21 daysPlace of death White Bagley Road - SouthhamDate of death November 6 - 1961Cause of death Coronary ThrombosisInterment at Forestvale Cemetery, HudsonDate permit issued November 7, 1961Certified by Walter F. Mahoney ^{Med Ex} - M. D.

No. 61-16**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent of Board of Health
(Office issuing permit)City or Town of Halifax Rd - Southboro Mass.Name of deceased Everett Arthur Thompson

If a U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Forestvale Cemetery Hudson Mass
(Name of cemetery or crematory)on Nov 9, 1961Certified by Henry Hubert Supk
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 62-17**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to F. A. Sansoncy & SonName of deceased Daniel J. GunnAge 60 years — months — daysPlace of death Fay SchoolDate of death March 20 - 1962Cause of death Sudden death presumably
Coronary ThrombosisInterment at St. Anne's Cemetery - Fiskdale
MassDate permit issued March - 20 - 1962Certified by Walter F. Mahoney M. D.
ST.

No. 62-18

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to ^{Marshall} Richard P Caldwell

Name of deceased Frances (Mary) Schmare

Age 84 years months days

Place of death Duke Nursing Home

Date of death 3/27/62

Cause of death Cerebral Vascular Thrombosis
~~Arteriosclerosis~~

Interment at Rural Cemetery Southboro

Date permit issued March 28/1962

Certified by Marilyn Musser M. D.

No. 62-18**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*

to

Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Frances (Mary) Schware

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.
(Name of cemetery or crematory)on Mar 29, 1962Certified by Lor Bertone
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 62-19**BURIAL (OR REMOVAL) PERMIT***Slab to be retained by officer issuing permit*Issued to Richard P. Caldwell-MurphyName of deceased William H. Davis Sr.Age 81 years months daysPlace of death At Home Main St. SouthDate of death April 1, 1962Cause of death Sudden Death Presumably
Coronary ThrombosisInterment at Rural Cemetery SouthboroDate permit issued April 2 - 1962Certified by Walter F. Mahoney M. D.

No. 62-19**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to AgentBoard of Health

(Office issuing permit)

City or Town of Southborough Mass.Name of deceased William M. Davis Sr.

If a U. S. War Veteran, specify what war, organization, etc.

No**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro, Mass.
(Name of cemetery or crematory)on April 3 1962 - Cordaville Rd. Rte 83Certified by Joe Bertanuzzi
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 62-20**BURIAL (OR REMOVAL) PERMIT***Slab to be retained by officer issuing permit*Issued to Edward C. SutkowskiName of deceased Eva SuesAge 74 years _____ months _____ daysPlace of death Tunipike Road, Fayette
MississippiDate of death May 15 - 1962Cause of death Sudden Death
Coronary ThrombosesInterment at St. Joseph Cemetery
MississippiDate permit issued May 15, 1962Certified by Walter F. Foley M. D.

No. 62-20**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent of Board of Health
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Eva SusanIf a U. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at ST. JOSEPH'S WEBSTER
(Name of cemetery or crematory)on MAY 18, 1962Certified by Ree G. Leharoff
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

COPY OF CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

STATE OF NEW HAMPSHIRE

TOWN OR CITY
CLERK'S NO. 131

1. NAME OF DECEASED (TYPE OR PRINT) Alfred L. Otenti			2. DATE OF DEATH (MONTH) (DAY) (YEAR) June 5, 1962		
3. PLACE OF DEATH A. COUNTY Strafford			4. USUAL RESIDENCE A. STATE Maine B. COUNTY York		
B. CITY OR TOWN Rochester		C. LENGTH OF STAY (IN THIS PLACE)		C. CITY OR TOWN Center Lebanon	
D. FULL NAME OF HOSPITAL OR INSTITUTION Frisbie Memorial Hosp.			D. STREET (IF RURAL, GIVE LOCATION) ADDRESS ---		E. IS RESIDENCE ON FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/>		8. NAME OF HUSBAND OR WIFE (MAIDEN NAME IF WIFE) Doris Baker	
9. DATE OF BIRTH Nov. 29, 1899	10. AGE (IN YEARS LAST BIRTHDAY) 62	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	11A. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Truck Driver, Ret.	11B. KIND OF BUSINESS INDUS. ---
12. BIRTHPLACE (CITY OR TOWN, STATE OR FOREIGN COUNTRY) Rayville, Mass.		13. CITIZEN OF WHAT COUNTRY? U.S.		14. FATHER'S NAME Agidio Otenti	
15. MOTHER'S MAIDEN NAME Not known			16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES OF SERVICE) No		17. SOC. SEC. NO. 019-16-8408
18A. INFORMANT Doris B. Otenti			18B. ADDRESS Center Lebanon, Me.		
19. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))					INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (A) Bilateral Bronchopneumonia					4 days
DUE TO (B) Duodenal ulcer with Hemorrhage					Chronic
DUE TO (C) Chronic Duodenal Ulcer					"
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(A) Chronic Pulmonary Fibrosis & Emphysema - yrs.					20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			21B. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II OF ITEM 19.)		
21C. TIME OF INJURY MONTH DAY YEAR HOUR M.					
21D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21E. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21F. CITY, TOWN OR LOCATION COUNTY STATE	
22. I attended the deceased from June 1, 1962 to June 5, 1962 and last saw her alive on 6-5-62 Death occurred at 6:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
23A. SIGNATURE Leo Klinger		23B. ADDRESS (DEGREE OR TITLE) H. D. Rochester, N. H.		23C. DATE SIGNED 6-5-62	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 6-8-62		24C. NAME OF CEMETERY OR CREMATORY Rural	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Southboro, Mass.					
24E. PLACE OF BURIAL (NAME OF CEMETERY)		LOCATION (CITY, TOWN, COUNTY) (STATE)		DATE	
25. FUNERAL DIRECTOR'S SIGNATURE Jas. H. Edgerly, Rochester, N. H.		ADDRESS Leanneth J. Jones		COUNTERSIGNED-AGENT (CITY BD. OF HEALTH) DATE June 6/62	
DATE REC'D BY TOWN OR CITY CLERK June 11, 1962		CLERK'S OWN SIGNATURE D. Arlene Baker		CLERK OF Rochester	

A true copy, Attest *[Signature]* Clerk of **Rochester** Dated **July 12 1962**

VS 17 Received July 18, 1962

Town Clerk

EVANS 17311-10-61-10M



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH

No. 6221

OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of
Vital Statistics

(Issued under the provisions of Chapter 114, sections 45 and 46, General Laws, as amended by Chapter 604, Acts of 1949.)

[This permit can be signed only by Board of Health or its agent appointed to issue such permits, of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

Southboro

(City or town)

November 14,

(Date)

1962

A satisfactory certificate of death having been filed, permission is hereby given to

Henry A. St. Maurice

(Name)

(Address)

for the removal from

(To be filled out in case of removal)

, and the interment

at _____ Cemetery in _____, of the

body of _____ who died _____ 19____
(Give full name of deceased) (Month) (Day) (Year)

age _____ years, _____ months, _____ days.

Cause of death _____

If a U. S. War Veteran, specify what war, organization, etc. _____

Residence at time of death _____

Simon A. Torcietti, Agent

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

No. 62 21**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent of Board of Health
(Office issuing permit)City or Town of Sutton Mass.Name of deceased Henry A St MauriceIf a U. S. War Veteran, specify what war, organization, etc.
.....

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at
(Name of cemetery or crematory)

on

Certified by
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 62-21

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Donald C. Morris

Name of deceased Henry A. St. Maurice

Age 74 years 3 months 14 days

Place of death Framingham Rd. Southboro

Date of death November 15, 1962

Cause of death Fractured Skull - accident
multiple fractures arm - leg

Interment at Rural Cemetery

Date permit issued November 16, 1962

Certified by Walter Mahoney - Exam. M. D.

No.

62-21

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*

to

Agent of Board of Health
(Office issuing permit)

City or Town of

Southboro

Mass.

Name of deceased

Henry A. St Maurice

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Rural Cemetery Southboro, Mass.

(Name of cemetery or crematory)

on

November 17, 1962

Certified by

Leo Bertozzi Supt. of Cemetery

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 62-22

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Donald Morris

Name of deceased Raffaele Giombetti

Age 66 years 5 months 21 days

Place of death Southboro

Date of death December 4, 1962

Cause of death Generalized Carcinoma
metastatic

Interment at Rural Cemetery

Date permit issued December 6, 1962

Certified by Joseph Annunziata M. D.

No. 62-22**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Reginald Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Raphael Simbetti
*Raphael Simbetti*If a U. S. War Veteran, specify what war, organization, etc.

_____**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Local Cemetery
(Name of cemetery or crematory)on December 2, 1942 - at Concord Rd - Rte #85Certified by Geo. Buttrick Superintendent Cemetery
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 62-23**BURIAL (OR REMOVAL) PERMIT***Slab to be retained by officer issuing permit*Issued to Donald Morris
Agent, Bd of HealthName of deceased Andezio G DragomaniAge 78 years 2 months 0 daysPlace of death Central Street
Wongkhe Road - FayvilleDate of death Dec 14, 1962Cause of death Fractured Skull - accident
Multiple fractures of legs andInterment at Rural - SouthboroDate permit issued 12-16-62Certified by W F Mahoney as Exam. ^{med} M. D.

No. 62-23**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Bd of Health
(Office issuing permit)City or Town of PO Box 97 - Southboro Mass.Name of deceased Quadazio G. DragonettiIf a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery
(Name of cemetery or crematory)on December 18, 1962Certified by Leo Bertenazzi Leo Bertenazzi
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 62-24**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to William B. Ireland-HudsonName of deceased Clara S. RobinsonAge 84 years 25 months 25 daysPlace of death East Main St. SouthboroDate of death December-29-62

Cause of death

Interment at Waterloo Cemetery, MarlboroDate permit issued December-29-1962Certified by Warren S. Temple M. D.

No

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to

(Office issuing permit)

City or Town of Robert A. - Springfield Mass.

Name of deceased Clara S. Robinson

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at 16 on back of the car

(Name of cemetery or crematory)

on June 16, 1966

Certified by Charles T. Hartke

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 63-78**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

Callahan Bros -

Name of deceased

Helen M. (McConlogue) Hagan

Age

51

years

8

months

24

days

Place of death

Main St. Southboro

Date of death

April 21, 1963

Cause of death

Carcinoma, Right Breast

Interment at

St Mary's Uxbridge, Mass

Date permit issued

April 22, 1963

Certified by

Timothy P Stone

M. D.

No. 63-25**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent Board & Health
(Office issuing permit)City or Town of Southborough - Mass.Name of deceased Helen M. (McConaughy) Hagan

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St Marys Cemetery Uplbridge
(Name of cemetery or crematory)on April 24 1963Certified by Joseph A. Shaugnessy
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

63-24

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Hopkin Funeral Service

Name of deceased

Peter Elvin

Age

1

years

9

months

4

days

Place of death

Cordville Rd, Southboro

Date of death

July 10 - 1963

Cause of death

Asphyxiation by suffocation
crowning

Interment at

Dale Park Cemetery

Date permit issued

July 11, 1963

Certified by

Walter F. Mahoney,

M. D.

No. 63-22**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Board of Health -

(Office issuing permit)

City or Town of Southboro

Mass.

Name of deceased Peter Elvin

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Dell Park Cemetery, Natick, Mass.

(Name of cemetery or crematory)

on July 13 - 1963Certified by Gordon H. Peterson, Supt.

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 63-27**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald Morris, DirectorName of deceased Louis J. BaldeeliAge 59 years 1 months 8 daysPlace of death At home, Pleasant St. Fayville, Mass.Date of death August 15, 1963Cause of death Sudden death Presumably
Coronary ThrombosisInterment at Rural Cemetery - SouthingtonDate permit issued August 16, 1963Certified by Walter F. Mahoney M. D.

No. 63-27**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southwick, Mass. Mass.Name of deceased Louis J. Baldelli

If a U. S. War Veteran, specify what war, organization, etc.

World War II**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery
(Name of cemetery or crematory)on August 17, 1963 - Cordaville Rd. Rte. # 85Certified by Leo Buttrick Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 28**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

Donald C Morris

Name of deceased

Mark J. Banks

Age

~~8~~

years

~~13~~ 35

months

13

days

Place of death

In Carriage - Somewhere

Date of death

Aug 26 - 1963

Cause of death

Interstitial pneumonia

Interment at

Rural Cemetery

Date permit issued

Aug 27, 1963

Certified by

R. Rittenhouse

M. D.

No. 63-28**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Mark J. BanksIf a U. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro
(Name of cemetery or crematory)on August 28, 1963 - Cordaville Rd. Rte 4 & 5Certified by Lor Bartonaga
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

63-24

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Edith E. Cunningham

Name of deceased

William R. Freiler

Age

45

years

2

months

5

days

Place of death

Souderton

Date of death

October 5, 1963

Cause of death

Sudden death, per.
Coronary Thrombosis

Interment at

St. Dominics Holmestown Pa

Date permit issued

October 5, 1963

Certified by

Walter F. Mahoney M. D.



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH

No. 63-29

OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of
Vital Statistics

(Issued under the provisions of Chapter 114, sections 45 and 46, General Laws, as amended by Chapter 604, Acts of 1940.)

[This permit can be signed only by Board of Health or its agent appointed to issue such permits of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

Southboro
(City or town)

October 5
(Date)

1963

A satisfactory certificate of death having been filed, permission is hereby given to

William R. Freiler
(Name)

30 Rosehane Framingham
(Address)

for the removal from Southboro, and the interment
(To be filled out in case of removal)

at St. Dominics Cemetery in Holmesburg Pa. of the

body of William R. Freiler who died 19
(Give full name of deceased) (Month) (Day) (Year)

age years, months, days.

Cause of death

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death

Spencer A. [Signature]
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

No. 13-29**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Beverly Health

(Office issuing permit)

City or Town of Southbury Mass.

Name of deceased

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at
(Name of cemetery or crematory)

on

Certified by
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 63-30**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Richard P. Caldwell - MayorName of deceased Bertha Maude (Bess) C. LearyAge 86 years 2 months 21 daysPlace of death Watson Rd. SullivanDate of death Oct 4, 1963Cause of death Abdominal CarcinomatosisInterment at Rural Cemetery SullivanDate permit issued Oct 7, 1963Certified by Jimmy P. Stone M. D.

No. 63-30**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*Agentto Board of Health

(Office issuing permit)

City or Town of Southboro Mass.Name of deceased Bertha Maude O'LearyIf a U. S. War Veteran, specify what war, organization, etc.
ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass.
(Name of cemetery or crematory)on October 8, 1963 Cordaville Rd. Rte. #85Certified by Leo Buttrick Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 63-31**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

Joseph A. Roberts
(10 Coffins)

Name of deceased

Louise B. Dunn

Age

70

years

1

months

9

days

Place of death

Southmore - Gaffs House

Date of death

October 6, 1963

Cause of death

Sudden death, Pres.Coronary Thrombosis

Interment at

Rural Cemetery

Date permit issued

October 9, 1963

Certified by

Walter E. Mahoney M. D.

No. 63-31**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agut Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Louise B. DunnIf a U. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro, Mass.
(Name of cemetery or crematory)on October 9, 1963 - Cordaville Rd. Rte. #85Certified by Leo B. [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Richard P. Caldwell

Name of deceased

Eva (Byard) Spurr

Age

84

years

0

months

28

days

Place of death

Marlboro Road, Southboro

Date of death

October 11, 1963

Cause of death

Coronary Thrombosis

Interment at

Rural Cemetery, Southboro

Date permit issued

October 12, 1963

Certified by

Timothy P Stone

M. D.

No. 63-32**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Eva (Byard) SpurrIf a U. S. War Veteran, specify what war, organization, etc.
ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro, Mass
(Name of cemetery or crematory)on October 13, 1963 - Cordaville Rd. Rte. # 85Certified by Per. B. B. B. Super.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Slub to be retained by officer issuing permit*

Issued to

Donald C Morris

Name of deceased

Forrest L. Warren

Age

83

years

6

months

18

days

Place of death

White Bay Rd - Southern

Date of death

October 20, 1963

Cause of death

Cerebral Thrombosis

Interment at

Hudlow Cemetery, Hudlow
Vermont

Date permit issued

October 21, 1963

Certified by

Timothy P. Stone

M. D.

No. 43-33

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Regt-Board of Health
(Office issuing permit)City or Town of Somerville Mass.Name of deceased Forrest L. Warren

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at PLEASANTVIEW CEMETERY VT.
(Name of cemetery or crematory)on Oct 23, 1963Certified by R. J. Miele
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.